

2LT Rachel Han, USU School of Medicine Class of 2020, was the runner-up in the prose category of the Irvin D. Yalom, M.D. Literary Award given by the Pegasus Physician Writers at Stanford.

In her piece, “The Manic Korean Patient: Refusing Labs,” Rachel reflects on a patient encounter that, in her own words, “guided me to my professional home.”

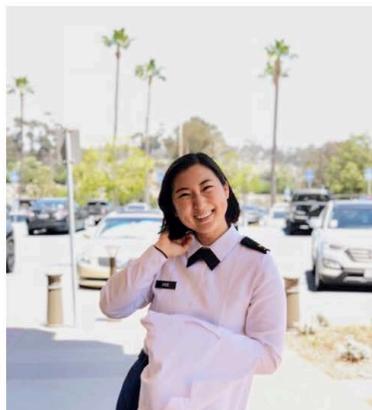
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THE PEGASUS PHYSICIAN WRITERS AT STANFORD



Irvin David Yalom, M.D. Literary Award 2020

Prose Category:



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The Manic Korean Patient: ‘Refusing Labs’

I was looking forward to having Memorial Day weekend off. It was Friday, and we—the medical students rotating on general surgery—had just been informed that we were expected to round on our post-operative patients on at least one day over the long weekend. I suppose I should have always expected to work the weekend, especially since I scrubbed in on the partial colectomy that morning, but alas, my delusional optimism had kicked in again. I bargained with the other third-year medical student, Alex, to work Saturday so that I wouldn’t have to miss another Sunday church service.

I have missed so many Sundays because of medical school, so I’m quick to recognize an opportunity to seize a hospital-free Sunday when I get one. To me, Sunday is more than just a day off; it’s the one day I find peace and comfort. As a Korean American, I was late to appreciate the fellowship offered to me at Asian-American churches. Before medical school, I’d never realized how much having a community that looks like me could remind me of home, and how much they—a community of familiar-appearing strangers—could anchor me securely to my treasured identity and lifelong values. Now that most of my week is spent at the hospital surrounded by people who do not look like me, Sundays with my church community feel all the more sacred.

Alex is kind; he is happy to work Sunday. I figure it is not so bad anyways, since on Saturday I could also carpool to work with my friend, Jon, another medical student who was already planning to work as well—it’s amazing how small my victories have become. I ask Jon for a ride, and he responds that he plans to work by 4:15am—a whole hour earlier than I had hoped. I am not what they call a ‘morning person.’ *Big sigh.* But this is all fine. I signed up for this. Whatever.

Saturday morning arrives, and I am looking up my patient's vital signs and preparing to pre-round. My phone buzzes. I place my phone face down. The buzzing continues—it's a call.

Jon? What does he want now? He's so impatient.

“What's up?” I whisper. I don't know why I whispered; it's 5:00 a.m., and I'm all alone at the surgery clinic. It's still dark out. I could burp, and no one would hear it. (I was nauseated from acid reflux throughout my surgery rotation).

“Can you come talk to my patient? She only speaks Korean and the residents gave up on her.”

Gave up? How?

“Shouldn't you call an official interpreter?”

“They said they already tried.”

“Mhm... Sure they did.”

“Well, they've moved on from her and are too busy to care... Just come... please.”

“Okay, fine.”

I feel guilty for my reluctance, but then again I had not completed looking up my patient's morning labs, let alone seen my own patient. I needed to be prepared for rounds by 6:00 a.m., and I know the chief resident will use this presentation to evaluate me for the rotation. He has not been the type to ‘pimp’ in the OR, which has, unfortunately, led me to wonder whether the extra hours staying up to prep for cases is necessary. Yes, I do acknowledge that the extra work is good for my education (lifelong learning *blah*), but perhaps it's also contributing to my increased irritability and lack of interest in communicating with family. These sentiments are especially strong when I catch up with classmates who brag about how little they study and how

well they perform. Jon always reminds me that “comparison is the thief of joy,” yet I can’t help how I feel.

I show up to the medicine floor, and Jon waves me over. He fills me in; the patient was admitted for toxic overdose of an unknown substance, has a history of bipolar disorder, and is refusing labs. I think to myself, “*Do I know any Korean person with bipolar disorder?*”

I enter the room and greet the patient in Korean with an awkward head bob to *insah*. I have her attention. She turns to my friend and says, “You again!” Then, as if I am someone she has known for ages, she directs her energy to me and proceeds to tell me about how my tall white friend has been bothering her all morning and how she does not trust all the young kids running this place. Jon stands there blankly, oblivious to her commentary and waiting expectantly. She motions for me to draw nearer. “Don’t tell anyone but I have special powers.” She smirks as she confides in me that she can look directly at the sun. She reaches for my hand. “Do you like *kimchi*? I can make *kimchi*!” I learn that her daughter is a fan; however, her husband, a Japanese American, does not appreciate the smell.

“Do they know you’re here?” I ask.

My question goes unanswered. I notice that she is suddenly tearful. I remember learning about emotional lability, and yet don’t know how to respond to the reality of the definition unraveling before me. Uncomfortable with silence, I slide in a few sentences on how important it is for us to check her labs, which requires drawing her blood—the real reason I was called here to speak with her.

“I am weak and have very little blood to give,” she responds.

The way she speaks of her health is familiar—I see my mother in her, worrying about my cold hands and poor circulation. I emphasize again how important the blood draw is for her

survival. She nods in acceptance. I signal to my friend who immediately excuses himself to fetch a tech.

While the tech fumbles around preparing to draw her blood, the patient has her eyes glued on me. She asks me who I am. Only now do I notice that she has both of her hands wrapped around mine. Before answering, I hesitate, recalling what I had been taught about sharing too much about our personal lives with patients, *especially psych patients*. But I guess this is my first lesson on countertransference, because I cannot resist the urge to give her something that would allow her to perhaps bask in reflected glory. I tell her that I am a medical student and was born in the States. My parents first immigrated to California before settling in New Jersey, across the bridge from New York City. I have an older brother. My mom is in her fifties and just started to make her own *kimchi* at home. She used to buy it from church, where the elders prepared and sold *kimchi* to raise funds for the women's ministry. But the elders have started to feel their age, and the next generations of women do not want to make *kimchi*—it's hard work to make in bulk. Now they raise funds by selling homemade nut clusters.

The patient is surprised when she notices the tech packing up.

“*Han guh yah?*”

“*Neh*, he's already done!” I reply.

It's 5:50am. I have ten minutes until rounds. I *insah* goodbye and wish her good health. I bolt out to use a computer at the nurses' station to finish looking up a few more lab values for my post-op patient. I can tell the nurses are suspicious of me. I flip my ID badge to be more visible. I try to be quick. Just need to check one... more... thing... Got it. Five minutes until rounds. I run upstairs. Quick small talk with the post-op patient. Overnight events? Pain? Did you walk? Heart and lungs within normal limits. Wound check. Done.

Foldable clipboard in hand, I present the status of my post-op patient to the chief resident. He interrupts my every other sentence. His feedback is vague, boorish, and typical, stuff like “speak up and be more confident!” At this point, a small piece of the hidden curriculum of medical school is clear to me: it would be a better use of my time to work on correcting *how* I say something versus *what* I say. I (hate myself for this but) thank him for the feedback! And follow him into the patient’s room so that he can validate what I presented and inform the patient that he can’t go home today.

I am released after rounds and speed walk to the locker room to change out of my scrubs before anyone is able to invite me to stay and watch an ‘interesting case’ (in the corner, out of the way, that is). I am in the clear. I look outside, and the sun is up. My weekend starts now!

On my way out of the hospital, I call an UberPool. I have five minutes to kill. It has been over a week since I have called home, and I finally have a story to share. I usually call my mom; it’s reflexive. I don’t know why, but this time, I decide to call my dad.

He picks up on the first ring. I tell him about my morning events. He laughs at how early I had to wake up, reminiscing about the days when he would have to wake me up on Saturday mornings by blasting Janet Jackson from the living room downstairs. When I start to tell him about the Korean patient, he goes quiet. I expect him to respond with pride about raising a Korean-speaking daughter in America. Instead, I hear him sigh.

“How can she think to kill herself?”

Though I should have known better as a Korean American, I had stepped in a big pile of steaming Korean taboo. I forgot that suicide and mental health, in general, are not commonly talked about outside of the hospital. These topics are avoided even more in Korean communities, not excluding in my family. Immediately sensing his discomfort, I—now also uncomfortable—

say something thoughtless about how often I have interacted with suicidal patients in medical school. It doesn't comfort him. I then blab on about how special I felt for being able to use my mother tongue. Still, I can tell the damage is done; my story upset him. I ruined his day, and he is going to dwell on death, lost family members, and aging. I can picture him entering our home through the garage door tonight a little after 8:00 p.m., going upstairs to wash his face, coming downstairs, and immediately walking over to the dining room for a drink to pair with dinner.

I can't stop thinking about the fact that I won't be home to undo the damage and distract him from this downward spiral and remind him of his success through me and my triumphs. I don't want to perpetuate Asian stereotypes, but this is the reality of our home. I have no defense, just anxiety. I use my arriving Uber as an excuse to hang up, even though I had been in the car for half of this conversation already. I then ruminate over how I should have stuck to our usual short conversations about how well I am doing and how well I am eating (but not too much, I promise).

Growing up, I was often told, "don't tell anyone." This warning often followed a fight that my brother and I had witnessed between our parents. My first memory hearing this phrase is as an eight-year-old when my dad was embarrassed that we were staying in a bed and breakfast outside of Paris rather than in a luxury hotel in the city center. I remember also hearing it in high school when my mom forgot I was in the car and worried out loud about how they were going to pay for another semester of college for my brother. These are the ways that I understood how secrets could exist within our family.

However, it is the secrets that are not said out loud—even at home—that confuse me. While these secrets hang over our heads at the dinner table, my parents give stern non-verbal

cues to keep our eyes down. These secrets are hushed when brought up in private. They are the ones I am reminded of months and years later to not share. “You should not even know about this,” my mom would say; even though, I obviously already know. I am reminded that if I were to share such secrets about my own family, it would be like lying down supine and spitting because the spit would land on my own face, as a certain Korean proverb says.

In that moment after calling my dad, I did not know how to respond after triggering him. Since then, I have thought much about how I could have responded fully without acknowledging the secret that I knew triggered him. Sometimes I wonder if that’s even possible. Further, I wonder if these kinds of secrets will be roadblocks in my endeavors to work with patients from similar cultural backgrounds. These thoughts bring me back to an encounter during my psychiatry rotation with a Hmong patient who was admitted for suicidality, stayed in-patient for over a week, and then was discharged by our team without a clear picture of what his upbringing was like. In our meetings, we gossiped about his silence and were suspicious of his curt responses when answering our questions about his family history. Now, I regret not doing more to create a safe space for him to talk about his home life. I regret not having had the insight to see the potential for progress.

I have recently been made aware that secrets stem from anger, guilt, and shame. In the future, I want to be more direct in pointing out and defining these emotions that my patients may describe or exhibit in order to provide a framework for understanding the triggers of these emotions, perhaps leading us to the secrets. Then, the real work can begin—normalizing emotions and experiences, and relieving the burden of staying silent.

Though over a year has passed, I often think of the manic Korean patient because she is the protagonist of the story that led me to choose psychiatry as my desired medical specialty, and

her story has sparked so many conversations with friends and colleagues, my family, and my therapist. I ultimately discovered that her lab results had shown that her liver enzymes were in the thousands. Apparently, she had overdosed on Tylenol—a whole bottle. My mind races when I think of this. *What if I had not been around? What if no one had thought to contact me? What actually happens to patients who ‘refuse labs’? Are they pinned down? Sedated? Or blamed for their clinical outcome? What if that clinical outcome is death?* From the conversations that have stemmed from this experience, what is most unsettling to me is how powerless we are as medical students in the ways that we are taught and evaluated, despite us having so much access and privilege when it comes to the intimate lives of patients. Because of how things turned out with her clinical course, I am more confident in asking patients if they are more comfortable speaking in another language and pointing out when an interpreter is needed.

This encounter helped me identify the patient population that I have been missing. Her memory empowered me to initiate a research project to look into the usage of behavioral health resources amongst Asian Americans and Pacific Islanders. Discussing her story provided an opportunity for my Korean-American friend to confide in me about dealing with her mother’s suicide attempt that occurred when we were in college together. Her story also helped me identify the role of secrets in my family’s culture. Finally, her warmth made me feel useful and needed at a time when my thoughts were consumed with anxiety about taking too long to close port-sites and standing in the way of OB/GYN residents who were trying to meet numbers for deliveries. I suppose on that day, I was for my patient what my church community is for me: a sweet taste of home, kindness, familiarity, and love, which can often feel so far away in the hospital. In return, my patient, more than anyone else, guided me to my professional ‘home’—to work that gives me a sense of belonging.

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